



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHARITABLE GAMING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEXAS HOLD'EM INDIVIDUAL LICENSE INSTRUCTION SHEET

Who Must Apply for a Texas Hold'Em Individual License

The following persons must apply for Texas Hold'Em Individual licensure:

- employees, principals, owners and contractors of third-party vendors
- bookkeepers and/or treasurers of sponsoring charitable organizations
- tournament dealers
- tournament directors

Notice to All Texas Hold'Em Individual Applicants

Do not misstate or omit any material fact. An arrest is not necessarily grounds for denial of a license. However, misrepresentations or failures to disclose information may cause this application to be rejected or denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code.

Applying for a Texas Hold'Em Individual License

- ☐ Submit a completed, signed and notarized [Application for Texas Hold'Em Individual License](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of your current driver's license or state-issued identification card.
- ☐ Complete the *Authorization for Release of Information* form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - This is required *even if* you recently had a criminal background check done for some other reason.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Renewing Texas Hold'Em Individual Licenses

Texas Hold'em Individual licenses expire three years from the date they are issued.

You must maintain up-to-date contact information so that notices we send will reach you. To check and update your contact information online, click [Change Contact Information](#).

About three months before your license expires, a renewal notice will be mailed to you. This notice will explain how to access the online renewal application. To complete the online renewal application, you must use a debit or credit card to pay your renewal fee.

To renew the license, you will be required to submit a new criminal background record. A *Criminal History Record Check Authorization* instructions and form will be enclosed with your renewal notice. Submit the form, along with the required fee, to the State Bureau of Identification, *not* to the Board office.

Before receiving your renewed license, you must make an appointment to be photographed at the Division of Professional Regulation. Your license will not be renewed until an updated photograph is issued. *You will receive instructions for making the appointment during the renewal process.*

If you do not renew your license before the expiration date, your license will lapse. *It is illegal to deal or act as a Tournament Director while your license is lapsed.* To become re-licensed, you must reapply in the same manner as a new applicant.



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APPLICATION FOR TEXAS HOLD'EM INDIVIDUAL LICENSE

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last/Family Name First Middle
2. Other Names Used: _____ None ☐
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Form of Identification (choose one): Driver's License ☐ State-Issued Identification Card ☐
Identification Number: _____ Issuing State: _____
Attach a copy of your current driver's license or state-issued identification card.
6. Mailing Address: _____

City State Zip
7. Phone: _____ Daytime Home Email: _____
8. Are you currently employed? Yes ☐ No ☐ If no, skip to Question 10. If yes, enter information about your employer:
Employer Name: _____
Employer City: _____ Employer State: _____
Date Hired: _____ Current Position: _____

DISCLOSURES

9. Have you engaged in the illegal use of controlled substances within that past two years? Yes ☐ No ☐ If yes, submit a signed statement explaining fully, and continue to Question 10. If no, skip to Question 11.
10. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to ensure that you are not illegally using controlled substances? Yes ☐ No ☐
11. Has a criminal indictment, information or complaint ever been returned against you, in which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, submit a signed statement explaining fully.
12. Are you currently, or have you ever been on parole or probation? Yes ☐ No ☐ If yes, submit a signed statement explaining fully, including the charge(s), conviction(s), name of parole or probation officer, start and end dates, and city, county and state where probation is/was served.

13. Have you *ever* engaged in any type of unlawful gambling or gambling enterprise? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
14. Have you *ever* been employed by, or associated with, any business or person connected in any way with an illegal gambling enterprise? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
15. Have you *ever* received treatment or counseling for a gambling problem or addiction? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, including the name of the treatment facility/physician, the dates of treatment, and the extent of the problem or addiction.**
16. Have you *ever* been barred, expelled or excluded from any racetrack, casino or gambling facility? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, including the name and location of the facility, the date of the incident, and the reason for the action.**

Do not misstate or omit any material fact. An arrest is not necessarily grounds for denial of a license. However, misrepresentations or failures to disclose information may cause this application to be rejected or denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code.

To ensure consideration of an application at a meeting, the Board office must receive all of these items no later than 4:15 p.m. ten (10) full working days (excluding State and Federal Holidays) before the meeting date:

- **Completed, signed and notarized application form**
- **Non-refundable fee payment**
- **All other required documentation, including criminal history report**

AFFIDAVIT

STATE OF DELAWARE

County of _____

By signing below, the applicant does hereby attest that all statements in the foregoing application are true and correct; the undersigned applicant is of good moral character and has not been convicted of a crime involving moral turpitude; the undersigned applicant has reviewed, understands and agrees, if licensed, to abide by the Board of Charitable Gaming's laws, rules and regulations governing the conduct of Texas Hold'Em Poker Tournaments and Charitable Gaming events.

Printed Name of Applicant

Signature of Applicant

SWORN to and subscribed before me this _____ day of _____ 20_____

Notary Public Signature: _____

SEAL

My Commission Expires: _____

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.